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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/575,416			ing Date 19/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR			NUMBER FI	LED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A		N/A		1	N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A]	N/A	
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))			N/A		N/A		N/A			N/A	
TOTAL CLAIMS (37 CFR 1 16(i))			mir	nus 20 = *		1	x \$ =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	x \$ =		1	X S =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE is	If the specification and drawings exce sheets of paper, the application size f is \$250 (\$125 for small entity) for each additional 50 sheets or fraction therec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]		
* It	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	04/13/2011	CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 24	Minus	34	= 0]	x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	· 2	Minus	3	= 0]	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(jj))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1	1	(Column 2)	(Column 3)						
ENDMENT		CLAIMS REMAININ AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	*	Minus		-]	X \$ =		OR	x s =	
M	Independent (37 CFR 1 16(h))		Minus	***	-]	X \$ =		OR	x s =	
Ē	Application Size Fee (37 CFR 1.16(s))					1			1		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
									OR	TOTAL ADD'L FEE	
* If the artry in column 1 is less than the entry in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, onter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, onter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, onter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, onter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, onter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 3, onter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 3, onter "3".											

This collection of information is required by 37 GPR 11.6. The information is required to obtain or retain a benefit by the public at Punish is to file (and by the DSF) process) an application Confidentially 37 GPR 11.6. This information is required to obtain or retain a benefit by the public at Punish is to file (and by the DSF) process) and public and the completed application form to the USF). Circle will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suppleation for medical pictured. The public and the public an